



San Bernardino County
In-Home Supportive Services
IHSS Provider Screening Guide

Public Authority
 Provider Registry Application
 600 N. Arrowhead Ave. #100
 San Bernardino, CA 92415-0034



IHSS Provider Only

☐ Check this box if you only want to work
 for a specific client of your choosing.

***If checked please complete the following and
 complete only page 1**

*Name of Client _____

*Start Date _____

Public Authority Registry

☐ Check this box if you would like to become
 part of the PA Registry that will refer you
 to other IHSS Clients for additional hours.

If checked please complete all pages 1-4

Name: _____ Date: _____

Address: _____ CA, _____
 (Street) (City) (Zip Code)

Mailing Address: ☐ Same as above _____ CA, _____

Phone #: (_____) _____ Other Phone: (_____) _____

E-Mail _____

1. Are you a United States Citizen over the age of 18?

☐ YES ☐ NO

If **NOT**, are you a Legal Alien authorized to work in the United States?

☐ YES ☐ NO

2. Have you ever been convicted of a felony or misdemeanor?

☐ YES ☐ NO

If **YES**, list date(s) and conviction(s): _____
 (exclude minor traffic violations)

3. Language (s)

☐ English

☐ Speak

☐ Read

☐ Write

☐ Spanish

☐ Speak

☐ Read

☐ Write

☐ Other _____

☐ Speak

☐ Read

☐ Write

4. AUTOMOBILE INSURANCE INFORMATION (PLEASE PROVIDE PROOF OF VALID INSURANCE)

A) Do you drive? <input type="checkbox"/> YES <input type="checkbox"/> NO		Do you have access to a car? <input type="checkbox"/> YES <input type="checkbox"/> NO	
		Other transportation?	
B) Driver License Number	State	Expiration Date	
C) Name Of Insurance Company	Agent's Name	Telephone	
D) Has your license ever been suspended or revoked? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If yes please explain: _____			

****You will need to provide IHSS your social security card and drivers' license or ID card before payroll
 can be processed.**

CERTIFICATION:

I certify that all statements made on this form are true and complete to the best of my knowledge. I understand that
 any false statements or misrepresentations may result in my disqualification as a provider.

SIGNATURE: _____

DATE: _____

5. Please let us know what skills you feel comfortable performing in a client's home (Please ✓ check all boxes that apply, these are based on approved tasks by IHSS)

(If offering transportation services, you will need to provide proof of valid Auto Insurance Coverage)

Domestic Services

- ☐ Light Housekeeping

Related Services

- ☐ Prepare Meals
☐ Meal clean up
☐ Routine laundry
☐ Shopping for food
☐ Other shopping errands

Accompaniment Services

- ☐ Medical Appointments
☐ Alternative Resources

- ☐ **Protective Supervision**
(providing care to assure safety of client)

- ☐ **Teaching / Demonstration**
(teaching self-care skills)

- ☐ **Paramedical Service**
(services approved by a Doctor)

Yard Hazard

- ☐ Remove Grass or Weeds, Trash
☐ Remove Ice / Snow

Non-Medical Personal Services

- ☐ Respiration Assistance (breathing assistance)
☐ Bowel, Bladder care (diapers, bedpans, enemas, colostomy bags, catheters)
☐ Feeding
☐ Routine bed baths
☐ Dressing
☐ Ambulation (assistance with walking)
☐ Moving in and out of bed
☐ Bathe, Oral hygiene/Grooming
☐ Rub skin, Repositioning, Help on/off seats, In/Out of vehicle
☐ Care / Assistance with prosthesis (includes assistance with medication, artificial limbs / braces)

6. Days and hours desired: Please Check the days and times you are available:

Mornings	<input type="checkbox"/> Mon	<input type="checkbox"/> Tue	<input type="checkbox"/> Wed	<input type="checkbox"/> Thur	<input type="checkbox"/> Fri	<input type="checkbox"/> Sat	<input type="checkbox"/> Sun
Afternoons	<input type="checkbox"/> Mon	<input type="checkbox"/> Tue	<input type="checkbox"/> Wed	<input type="checkbox"/> Thur	<input type="checkbox"/> Fri	<input type="checkbox"/> Sat	<input type="checkbox"/> Sun
Evenings	<input type="checkbox"/> Mon	<input type="checkbox"/> Tue	<input type="checkbox"/> Wed	<input type="checkbox"/> Thur	<input type="checkbox"/> Fri	<input type="checkbox"/> Sat	<input type="checkbox"/> Sun
Overnight	<input type="checkbox"/> Mon	<input type="checkbox"/> Tue	<input type="checkbox"/> Wed	<input type="checkbox"/> Thur	<input type="checkbox"/> Fri	<input type="checkbox"/> Sat	<input type="checkbox"/> Sun

7. Desired hours per week: How many hours are you available to work per week? _____

8. Are you willing to work "On Call". ☐ YES ☐ NO

(Available to work with in an hour of being called by a Public Authority representative)

9. Are you willing to work "Respite care". ☐ YES ☐ NO

(Available to fill in for a provider who has requested time off on a temporary basis)

10. Geographic Preference (Please ✓ check the boxes for the areas you are most interested in working. If a city is not listed write that city on the line that says "other")

<u>West End</u>	<u>Valley</u>	<u>Lower Desert</u>	<u>Upper Desert</u>	<u>Mountains</u>
<input type="checkbox"/> Chino	<input type="checkbox"/> San Bernardino/Highland	<input type="checkbox"/> 29 Palms/Joshua Tree	<input type="checkbox"/> Adelanto	<input type="checkbox"/> Crestline
<input type="checkbox"/> Montclair	<input type="checkbox"/> Colton	<input type="checkbox"/> Needles	<input type="checkbox"/> Amboy / Kelso	<input type="checkbox"/> Big Bear
<input type="checkbox"/> Upland	<input type="checkbox"/> Fontana	<input type="checkbox"/> Trona	<input type="checkbox"/> Apple Valley	<input type="checkbox"/> Lake Arrowhead
<input type="checkbox"/> Ontario	<input type="checkbox"/> Rialto	<input type="checkbox"/> Big River	<input type="checkbox"/> Barstow	<input type="checkbox"/> Ivanpah
<input type="checkbox"/> Rancho	<input type="checkbox"/> Redlands/Crafton	<input type="checkbox"/> Red Mountain	<input type="checkbox"/> Fort Irwin	<input type="checkbox"/> Running Springs
	<input type="checkbox"/> Yucaipa	<input type="checkbox"/> Yucca Valley	<input type="checkbox"/> Hesperia	
			<input type="checkbox"/> Lucerne Valley	
			<input type="checkbox"/> Phelan	
			<input type="checkbox"/> Victorville	

Other: _____

11. CURRENT OR MOST RECENT EMPLOYER: *(Please complete all boxes)*

Client/ Employer: Job Title :	From: Month / Year	Phone : () -	Office Use Only <input type="checkbox"/> VERIFIED INITIALS:
	To: Month / Year		
Address: STREET	CITY	STATE	ZIP
Duties:	Reason for Leaving:		
	May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO		

☐ NEVER EMPLOYED

12. VOLUNTEER EXPERIENCE

Name Of Company	How Long? _____ Months _____ Years	Duties?
Name Of Company	How Long? _____ Months _____ Years	Duties?

13. OTHER REFERENCES: Please list 2 references who do not reside in the same household and who are not related to you **OR** you may submit 2 letters of reference.

NAME:		PHONE: () -	Office Use Only <input type="checkbox"/> VERIFIED INITIALS:
ADDRESS:			
STREET	CITY	STATE ZIP	
HOW LONG HAVE YOU KNOWN THIS PERSON?			
WHAT IS YOUR RELATIONSHIP TO THIS PERSON? (FRIEND, PASTOR, CO-WORKER, NEIGHBOR..)			INITIALS:
			Office Use Only <input type="checkbox"/> LETTERS RECEIVED INITIALS _____

NAME:		PHONE: () -	Office Use Only <input type="checkbox"/> VERIFIED INITIALS:
ADDRESS:			
STREET	CITY	STATE ZIP	
HOW LONG HAVE YOU KNOWN THIS PERSON?			
WHAT IS YOUR RELATIONSHIP TO THIS PERSON? (FRIEND, PASTOR, CO-WORKER, NEIGHBOR..)			INITIALS:
			Office Use Only <input type="checkbox"/> LETTERS RECEIVED INITIALS _____

14. TRAINING & CERTIFICATES: Do you have any other skills that you feel would be a benefit to the IHSS client? *(Please bring copies of certificates & current cards to your application review)*

☐ CNA ☐ CHHA ☐ CPR ☐ First Aid ☐ Medical Assistant ☐ Hospice

☐ Other _____ ☐ NONE

15. You will be scheduled for an application review with other registry applicants. Please answer the following questions prior to your meeting.

Provider Preferences

Do you smoke? (Clients may request a non-smoker)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Will you work for a smoker?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you used any illegal drugs in the past year?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you have a client preference?	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> EITHER
Will you work in a home with a family pet?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you allergic to:	<input type="checkbox"/> CAT <input type="checkbox"/> OTHER	<input type="checkbox"/> DOG
Will you work for more than one client?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Will you take a live in position?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
How many total years of care-giving experience do you have?	_____ YR _____ MO	

The IHSS Client as the employer

The Public Authority Registry is here to assist IHSS clients in selecting potential providers. We supply clients with names of pre-screened providers who are available to work. Do you understand that the Registry does not have or make job offers for the clients?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you understand that the IHSS client is the employer and makes the decision to hire or to terminate a provider's employment as they desire for any reason?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you understand that an IHSS client may request that you do not smoke, wear perfumes or may make reasonable requests in regards to your personal appearance / hygiene?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

16. How did you learn about the Public Authority's Registry?

- ☐ IHSS Orientation
 ☐ Current Provider
 ☐ Friend
 ☐ Mailer
 ☐ Radio
☐ Job Fair
☐ Newspaper
☐ Television
☐ Other (Please specify)_____

Please list any questions you have for the Public Authority : _____

All Registry Applicants will be required to undergo a Criminal Background Check

CERTIFICATION:

I certify that all statements made on this application are true and complete to the best of my knowledge. I understand that any false statements or misrepresentations may result in my disqualification for Registry Services. I understand that the references that I have provided will be checked.

SIGNATURE: _____

DATE: _____